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Bib Data Sheet

CONFIRMATION NO. 7797

SERIAL NUMBER 09/887,172	FILING DATE 06/22/2001 RULE	CLASS 370	GROUP ART UNIT 2661	ATTORNEY DOCKET NO. CE08961R
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APPLICANTS

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/14/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>HA</i>	INITIALS		
Verified and Acknowledged				

ADDRESS

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TITLE

Dispatch call origination and set up in a CDMA mobile communication system

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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